

Indiana State Department of Health
State Form 50998 (R/10-05)

1 Print firmly and neatly.
3 Fill in circles like this: ●
4 Print capital letters only and numbers completely inside boxes.
5 Please complete all items on form.

2 Only use pens with blue or black ink.
 Not like this: ✗
 Mark mistakes like this: ✗
 Date format: MM/DD/YY

**INVASIVE GROUP A STREPTOCOCCUS (GAS) and
STREPTOCOCCAL TOXIC SHOCK SYNDROME (STSS) CASE INVESTIGATION - Page 2 of 3
caused by *Streptococcus pyogenes***

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Section 2. Clinical Information (continued)

Type of infection caused by GAS (check all that apply):

- | | |
|-------------------------------------|---|
| <input type="radio"/> Bacteremia | <input type="radio"/> Endometritis |
| <input type="radio"/> Meningitis | <input type="radio"/> Pericarditis |
| <input type="radio"/> Otitis Media | <input type="radio"/> STSS |
| <input type="radio"/> Pneumonia | <input type="radio"/> Septic Abortion |
| <input type="radio"/> Cellulitis | <input type="radio"/> Chorioamnionitis |
| <input type="radio"/> Osteomyelitis | <input type="radio"/> Necrotizing Fasciitis |
| <input type="radio"/> Epiglottitis | <input type="radio"/> Puerperal Sepsis |
| <input type="radio"/> Abscess | <input type="radio"/> Other, specify: |
| <input type="radio"/> Peritonitis | <table border="1" style="display: inline-table; width: 150px; height: 15px;"></table> |

Pre-existing medical conditions (check all that apply):

- ☐ Chronic Cardiovascular Disease
- ☐ Chronic Pulmonary Disease
- ☐ HIV Infection
- ☐ Diabetes Mellitus
- ☐ Intravenous Drug Use
- ☐ Other, specify:

☐ None

/

 /

Date first GAS was isolated from a sterile site

Sterile site from which GAS was isolated (check all that apply):

- | | | |
|-------------------------------------|---|---|
| <input type="radio"/> Blood | <input type="radio"/> Peritoneal Fluid | <input type="radio"/> Surgical Specimen |
| <input type="radio"/> CSF | <input type="radio"/> Pericardial Fluid | <input type="radio"/> Surgical Aspirate |
| <input type="radio"/> Pleural Fluid | <input type="radio"/> Joint Fluid | <input type="radio"/> Other normally sterile site, specify: |

For patients with STSS only: Was GAS isolated from a nonsterile site?

☐ Yes ☐ No ☐ Unknown

If Yes, site

Do any of the following apply to this patient?

☐ Postpartum Sepsis

/

 /

Date of delivery

☐ Neonatal Sepsis

/

 /

Date of birth

☐ Postsurgical Infection

/

 /

Date of surgery

Specify surgery

**INVASIVE GROUP A STREPTOCOCCUS (GAS) and
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Section 2. Clinical Information (continued)

Has the patient ever had varicella infection?

☐ Yes ☐ No ☐ Unknown

____ / ____ / ____
If Yes, date of infection

Has the patient ever been vaccinated for varicella?

☐ Yes ☐ No ☐ Unknown

____ / ____ / ____ ____ / ____ / ____
If Yes, date of dose #1 Date of dose #2

Did the patient have the following clinical manifestations within the first 48 hours of illness onset?

☐ Yes ☐ No

Hypotension: Systolic blood pressure less than or equal to 90 mm Hg for adults or less than the fifth percentile for children under 16 years of age.

☐ Yes ☐ No

Multi-organ involvement (2 or more of the following; check all that apply):

- ☐ Renal: Creatinine greater than 2 mg/dL or 2X upper limit of normal; in patients with pre-existing renal disease, a greater than two-fold elevation over baseline level.
- ☐ Hepatic: Total bilirubin, alanine aminotransferase enzyme, or aspartate aminotransferase enzyme levels at least 2X upper limit of normal; in patients with pre-existing liver disease, greater than two-fold elevation over baseline level.
- ☐ Hematologic: Platelets less than 100,000 mm or disseminated intravascular coagulation.
- ☐ ARDS: Acute onset of diffuse pulmonary infiltrates and hypoxemia in the absence of cardiac failure or by evidence of diffuse capillary leak.
- ☐ Rash: Generalized macular erythroderma that may desquamate.
- ☐ Soft Tissue Necrosis: Including necrotizing fasciitis, myositis, or gangrene.

Section 3. Comments/Follow-up

Comments:

Investigator Name

Agency

____ - ____ - ____ ____ / ____ / ____
Phone Number Date